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## GENERAL INSTRUCTIONS

Complete this form if you sell or plan to sell tobacco products at wholesale in BC.

If you plan to import, apply for your federal licensing first and include a copy of your licence with your application to the ministry.

If you are already appointed as a wholesale dealer, but need to change your legal name, use this form to reapply and supply supporting documentation for the name change.

For additional information regarding the application process for wholesalers or the duties/responsibilities of wholesalers, visit our website at [gov.bc.ca/tobaccotax](http://gov.bc.ca/tobaccotax)

For further assistance, contact us at:

- Toll free: 1-877-388-4440
- In Victoria: 250-387-9115
- Email: [TobaccoTax@gov.bc.ca](mailto:TobaccoTax@gov.bc.ca)

Submit your application and all supporting documents using one of the following methods:

**By Mail:**

Tobacco Tax Section  
PO Box 9442 Stn Prov Govt  
Victoria BC V8W 9V4

**By fax:**

250-387-1852

**By email:**

[TobaccoTax@gov.bc.ca](mailto:TobaccoTax@gov.bc.ca)

Include an Authorization or Cancellation of a Representative ([FIN 146](#)) if you need to authorize additional business contacts. **Keep a copy for your records.**

You may be required to provide an unconditional letter of credit from a recognized Canadian financial institution prior to receiving a wholesale dealer permit.

If you are required to post a letter of credit, it will be a condition for obtaining your permit and we will notify you of the amount.

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## CHECKLIST OF SUPPORTING DOCUMENTS

Attach the following documents with your application:

- Business plan
  - date tobacco sales are to start
  - detailed annual sales projections and target markets
  - accounting system to be maintained
  - pictures and descriptions of secure storage for your tobacco products
- Original criminal record check issued within the last 12 months for all company directors
- Business documentation, either articles of incorporation or partnership agreement
- Suppliers' information
  - business names and addresses
  - letters confirming business relationship
- Copy of your federal license, if you plan to import



APPLICATION FOR APPOINTMENT AS A WHOLESALE DEALER OR CIGAR WHOLESALE DEALER

under the Tobacco Tax Act

Freedom of Information and Protection of Privacy Act (FOIPPA) — The personal information on this form is collected for the purpose of administering the Tobacco Tax Act under the authority of section 26(a) of the FOIPPA.

PART A – APPLICANT INFORMATION

TYPE OF OWNERSHIP AND NAME (check (✓) one only)

CORPORATION INDIVIDUAL PROPRIETOR PARTNERSHIP OTHER:

LEGAL NAME OF APPLICANT OR LIST OF ALL PARTNERS (attach a separate sheet if more space is needed)

NAME UNDER WHICH BUSINESS IS CONDUCTED BUSINESS NUMBER (9 digits) INCORPORATION NUMBER (if applicable)

PHYSICAL LOCATION OF BUSINESS (include street)

CITY PROVINCE/STATE COUNTRY POSTAL/ZIP CODE

BUSINESS MAILING ADDRESS (if different from above, include street or PO box)

CITY PROVINCE/STATE COUNTRY POSTAL/ZIP CODE

BUSINESS TELEPHONE NUMBER BUSINESS FAX NUMBER EMAIL ADDRESS

PART B – BUSINESS INFORMATION

LOCATION(S) OF BUSINESS IN BC (if applicable, include street, city, province and postal code)

TYPE AND ESTIMATED VOLUME OF TOBACCO PRODUCTS (check (✓) all that apply and enter the estimated monthly sales volume)

Table with 4 columns: TYPE, ESTIMATED VOLUME, TYPE, ESTIMATED VOLUME. Rows include CIGARETTES, LOOSE, CIGARS, and OTHER.

WILL/DO YOU IMPORT TOBACCO PRODUCTS? YES NO IF YES, FEDERAL LICENCING IS REQUIRED.

WILL/DO YOU SELL BLACK STOCK PRODUCTS? YES NO

IF YOU CHECK YES, THIS WILL INDICATE ACKNOWLEDGEMENT OF YOUR APPLICATION FOR STAMPING AUTHORITY AND/OR BLACK STOCK AUTHORITY.

WILL/DO YOU STOCK TOBACCO PRODUCTS AT YOUR BC LOCATIONS THAT ARE MARKED FOR SALE IN A JURISDICTION OTHER THAN BC? YES NO

HAVE YOU BEEN APPOINTED AS A TOBACCO TAX COLLECTOR (WHOLESALE DEALER) IN A JURISDICTION OTHER THAN BC? YES NO IF YES, LIST JURISDICTION(S).

NAME AND ADDRESS OF BUSINESS'S BANK (include street, city, province/state and postal/ZIP code)

PART C – APPLICANT CERTIFICATION

I certify that all information provided on this form and on all attached documents is true and complete to the best of my knowledge and belief, and that I am an authorized signing authority. I understand that any false information may result in penalties and/or prosecution.

SIGNATURE OF SIGNING AUTHORITY NAME OF SIGNING AUTHORITY TITLE / POSITION IN COMPANY DATE SIGNED YYYY / MM / DD

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